

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 577

DATE OF DEATH 12-18-63 FILE NUMBER 63-047287

FILED DEC 26 1963

1. PLACE OF DEATH a. COUNTY <u>CAPE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PERRY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Perryville, MO</u>		c. CITY OR TOWN <u>Lutesville, MO</u>	
Length of stay in 1b <u>4-YRS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>Route 1 - Lutesville, MO</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Velma</u> Middle <u>MAYDEN</u> Last <u>HANNERS</u>		4. DATE OF DEATH Month <u>12</u> Day <u>14</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/28/1918</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE-WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	9. AGE (last birthday) <u>45</u>
11. BIRTHPLACE (City and state or country) <u>SCOPUS, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LLOYD D. McCRAY</u>		13b. MOTHER'S MAIDEN NAME <u>IRDINE HANNERS</u>	
14. NAME OF HUSBAND OR WIFE <u>HERMAN HANNERS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT <u>HERMAN HANNERS - 1770</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u> Coronary Artery Disease Rheumatic Heart Disease DUE TO (b) <u>3 yrs.</u> DUE TO (c) <u>20 yrs.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4:00</u> a.m. <u>P.</u> m. Month, Day, Year <u>Dec. 1954</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Jackson, MO.</u>	
20g. COUNTY <u>Perry</u>		20h. STATE <u>MO</u>	
21. I attended the deceased from <u>Dec. 1954</u> to <u>12-14-63</u> and last saw her alive on <u>12-10-63</u> Death occurred at <u>4:00 P.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>E.F. McDonald, MD</u>	
22b. ADDRESS <u>Jackson, MO.</u>		22c. DATE SIGNED <u>12-18-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12/16/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HURRICANE-FORK-Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>LUTESVILLE - MO</u>
24. FUNERAL DIRECTOR <u>Sheiley Funeral Home - Lutesville, MO</u>	25. DATE RECD. BY LOCAL REG. <u>12-20-63</u>	26. REGISTRAR'S SIGNATURE <u>James Kasten</u>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JAN 6 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard L. Human

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.